

EXHIBIT A

**LANCER
INSURANCE COMPANY
Long Beach, New York**

Producer: CITY UNDERWRITING AGENCY
Phone: 2001 MARCUS AVE STE W 180
516-358-3500 LAKE SUCCESS, NY 11042
Fax:
5163583540

Insured's Representative (If other than above):

ITEM ONE

NAMED INSURED SYSTEM FREIGHT INC
MAILING ADDRESS: P O BOX 554 JAMESBURG, NJ 08831

POLICY PERIOD: From 03-15-01 to 03-15-02 at
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION INDIVIDUAL
 PARTNERSHIP OTHER _____

BUSINESS DESCRIPTION: TRUCKERS-CONTRACT CARRIER-GENERAL FREIGHT

Premium shown is payable: \$ 681,224.00 at inception

ENDORSEMENTS ATTACHED TO THIS POLICY:

ENDORSEMENTS ATTACHED TO
CA 21 14 10 97
IL 12 01 11 85 #2
MCS-90
IL 00 17 11 85
IL 02 08 06 89
CA 01 88 09 95
CA 23 01 12 93

CA 22 30 04 00
IL 12 01 11 85 #3
MC1651c (Ed. 11-83)
CA 177 (1-87)
IL 00 03 11 85
CA 20 18 12 93

DUPLICATE ORIGINAL

IL 12 01 11 85 #1
IL 12 01 11 85 #4
DCW 214 (01-97)
CA 00 12 12 93
IL 00 21 11 94
CA 21 71 01 88

COUNTERSIGNED 03-28-02 BY
(Date) (Authorized Representative)

~~-A-M-E-N-D-M-E-N-T~~

Amended Date : 08-01-01
Reason : ADD UNITS #175, 176, 177, 178, 179, 180, 181, 182, 183 & 184.
for
Amendment:

This amendment INCREASES your ANNUAL POLICY PREMIUM by \$ 32,930.00.
Your ANNUAL POLICY PREMIUM increased from \$648,294.00 to \$ 681,224.00.

Your POLICY PREMIUM for the remaining policy period INCREASES by..... 61.9 % of this \$ 20,370.00.